

Department of Public Health  
Division of Food and Drugs, Drug Control Program  
Drug Incident Report

Pursuant to the Department's regulations at 105 CMR 700.005(D), registrants are required to report the loss of any controlled substances upon discovery. When a drug loss is discovered, kindly fill out this incident report and fax it to the Drug Control Program (617-524-8062) within twenty four hours of discovery. Should you have questions or need to contact us, please see our website at [www.mass.gov/dph/dcp](http://www.mass.gov/dph/dcp) or call 617-983-6700.

Date of Report	Report prepared by
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Title	Contact's phone number
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Facility Information	
Facility Name _____	
Address _____	
City _____	Zip Code _____

Facility Type	
Hospital <input type="checkbox"/> Long Term Care <input type="checkbox"/> Clinic <input type="checkbox"/> Ambulance <input type="checkbox"/> Manufacturer/Distributor <input type="checkbox"/> MAP (DMR) <input type="checkbox"/> MAP (DMH) <input type="checkbox"/> Prison/House of Correction/Jail <input type="checkbox"/> School <input type="checkbox"/> Other <input type="checkbox"/> (please specify) _____	

Date of Loss	Specific location of loss (unit, floor, etc., if applicable)
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Incident Type	
Diversion <input type="checkbox"/> Loss <input type="checkbox"/> Tampering <input type="checkbox"/> Theft <input type="checkbox"/> Documentation <input type="checkbox"/> Other <input type="checkbox"/> _____	

Drug (use additional sheets if needed)	Quantity	Strength	Dosage Form
_____	_____	_____	_____
_____	_____	_____	_____

Narrative (please explain what happened, what factors may have contributed to loss, and any other relevant information. Please indicate if patient harm was involved. Please use additional sheets if necessary.)			
_____			
_____			
_____			
_____			
_____			
_____			

For office use only			
Received by Drug Unit	Staff initials	Intake number	Date facility contacted